

VERMONT AIR NATIONAL GUARD

Family Readiness Information Sheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 8013. **PRINCIPAL PURPOSE (S):** To assist the Vermont Air National Guard Family Readiness and Support Services office in their mission of providing assistance to families of service members who are deployed away from their home station.

ROUTINE USES: (1) to identify specific problems and service needs of service members and their families. (2) To gather data that will assist in development of appropriate programs and services. (3) To serve as a record of services provided.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary information is required to assist the individual and his/her family members. Failure to provide the required information could result in a delay in providing assistance to the individual and/or family members. The information provided will be considered ***“Confidential”*** and will not be used except for official business. Furthermore, the information will not be released without the service member’s permission.

Completion of all of any part of this form is optional. The information is solicited in order to identify and provide services that may be beneficial to you and/or your family members.

SECTION I: GUARD MEMBER INFORMATION

NAME: _____ RANK: _____

ADDRESS: _____
Street City State Zip

PHONE: (____) _____ UNIT/SQUADRON: _____

E-MAIL ADDRESS: _____

MARITAL STATUS: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Single Parent

Are you and your spouse dual military? ☐ Yes ☐ No

SECTION II: FAMILY INFORMATION

Spouse or NOK (next of kin) information

NAME: _____

ADDRESS: _____
Street City State Zip

PHONE: (____) _____ RELATIONSHIP: ☐ Spouse ☐ Father ☐
Mother ☐ Other _____

E-MAIL ADDRESS: _____

☐ My family member is interested in volunteering.

LIST SPECIAL SKILLS: _____

SECTION III: DEPENDENT AND/OR ADDITIONAL POINT OF CONTACT INFORMATION

List all individuals who rely upon you for dependent care other than spouse or would like us to contact (children, parents, grandparents, friends, etc.)

1. NAME: _____ Telephone: _____

RELATIONSHIP: ☐ Child (*Date of Birth*) _____ ☐ Parent ☐ Other _____ E-Mail: _____

2. NAME: _____ Telephone: _____

RELATIONSHIP: ☐ Child (*Date of Birth*) _____ ☐ Parent ☐ Other _____ E-Mail: _____

3. NAME: _____ Telephone: _____

RELATIONSHIP: ☐ Child (*Date of Birth*) _____ ☐ Parent ☐ Other _____ E-Mail: _____

4. NAME: _____ Telephone: _____

RELATIONSHIP: ☐ Child (*Date of Birth*) _____ ☐ Parent ☐ Other _____ E-Mail: _____

5. NAME: _____ Telephone: _____

RELATIONSHIP: ☐ Child (*Date of Birth*) _____ ☐ Parent ☐ Other _____ E-Mail: _____

6. NAME: _____ Telephone: _____

RELATIONSHIP: ☐ Child (*Date of Birth*) _____ ☐ Parent ☐ Other _____ E-Mail: _____

***** (For additional contact information please complete an additional form) *****

SECTION IV: CIVILIAN EMPLOYEE

COMPANY _____ E-MAIL ADDRESS: _____

ADDRESS _____
Street City State Zip

SUPERVISOR _____ PHONE (____) _____

SECTION V: CHAPLAIN SERVICES

Is there a particular faith community or spiritual leader that you would like us or the chaplain to contact in the event of your deployment? (i.e. Particular Parish or Church, Minister, Priest, Rabbi, Iman.)

SECTION VI: SERVICE MEMBERS COMMENT & ADDITIONAL INFORMATION

Assistance may be requested if there are any special needs, concerns, medical or financial problems in your family that require special attention or assistance as a result of your absences.

☐ I do not wish to participate in providing Family Readiness information.

Service Member Signature _____ Date _____

RECERTIFICATION

DATE: _____
(Initial form completion)

RECERTIFICATION (Information must be re-certified with initials and date before each deployment):

<u>Departure Date</u>	<u>Projected Return Date</u>	<u>Deployment Country & Base</u>	<u>Certification Date & Certifying Official Initial</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

